


## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Huapala Senior Care D, LLC	CHAPTER 100.1
Address: 2649 D Huapala Street, Honolulu, Hawaii 96822	Inspection Date: May 20-21, 2019 Annual


**THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.**


**YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.**


RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-10 Admission policies. (g) An inventory of all personal items brought into the Type I ARCH by the resident shall be maintained.  <b>FINDINGS</b> Resident #3 – No documented evidence of inventory of personal items on admission.	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	


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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> § 11-100.1-13 <u>Nutrition.</u> (b) Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus.  <u>FINDINGS</u> Lunch meal included chicken salad sandwich, sweet potato salad, and fruit cup, however portion sizes were varied among the residents for the sweet potato salad, as standardized serving utensils were not used.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	


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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-15 Medications. (a) All medicines prescribed by physicians and dispensed by pharmacists shall be deemed properly labeled so long as no changes to the label have been made by the licensee, primary care giver or any ARCH/Expanded ARCH staff, and pills/medications are not removed from the original labeled container, other than for administration of medications. The storage shall be in a staff controlled work cabinet-counter apart from either resident's bathrooms or bedrooms.  <b>FINDINGS</b> Resident #1 – Physician ordered “Tolhaftate 1% solution, apply to affected area 2 times/day, BID to toenails” on 5/18/2018. Medication without medication label.	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>White sticker/label placed immediately on 5/20/19 with the resident's name, order date of medication, instructions, and the ordering physician's name. Nurse partner checked label for accuracy.</p>	<p style="text-align: center;">5/20/19</p> <p style="text-align: center;"></p>


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<input checked="" type="checkbox"/> § 11-100.1-17 Records and reports. (b)(1) During residence, records shall include:  Annual physical examination and other periodic examinations, pertinent immunizations, evaluations, progress notes, relevant laboratory reports, and a report of annual re-evaluation for tuberculosis;  <b>FINDINGS</b> Resident #1, #4, #5, #6, & #8 – No documented evidence of current annual level of care evaluation by a physician.	<p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p>Level of Care forms for residents #1, #4, #5, #6, &amp; #8 faxed immediately on 5/21/19 to the resident's primary care physicians. Received completed forms for residents #1(5/28/19), #4 (5/24/19), &amp; #8 (5/28/19). Needed to re-fax form for resident #5, which was completed on 8/28/19. Resident #6 has since been transferred to another facility.</p>	<p>8/28/19</p> 


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<input checked="" type="checkbox"/> §11-100.1-17 Records and reports, (b)(7) During residence, records shall include:  Recording of resident's weight at least once a month, and more often when requested by a physician, APRN or responsible agency;  <u>FINDINGS</u> Resident #4, #5, #7, & #8 – No monthly weight recorded for December 2018.	<p style="text-align: center;">PART 1</p> <p style="text-align: center;"><b>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</b></p>	<p style="text-align: center;">12/27/18</p>


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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-17 Records and reports. (g) All information contained in the resident's record shall be confidential. Written consent of the resident, or resident's guardian or surrogate, shall be required for the release of information to persons not otherwise authorized to receive it. Records shall be secured against loss, destruction, defacement, tampering, or use by unauthorized persons. There shall be written policies governing access to, duplication of, and release of any information from the resident's record. Records shall be readily accessible and available to authorized department personnel for the purpose of determining compliance with the provisions of this chapter.  <b>FINDINGS</b> Resident #1 – White correction tape used on "Resident Face Sheet."	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;">New facesheet prepared immediately on 5/21/19.</p>	<p style="text-align: center;">5/21/19</p> <p style="text-align: center;"></p> <p style="text-align: center;">79 JUN 22 PM 3:30</p>


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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-19 Resident accounts. (d) An accurate written accounting of resident's money and disbursements shall be kept on an ongoing basis, including receipts for expenditures, and a current inventory of resident's possessions.  <b><u>FINDINGS</u></b> Resident #1 – No documented evidence of inventory of personal items on an ongoing basis. Last documented inventory performed on April 2017.  Resident #5, #6, & #8 – No documented evidence of inventory of personal items on an ongoing basis. Last documented inventory performed on January 2017.	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;">House staff re-inventoried personal items starting from May 2019.</p>	<p style="text-align: center;">5/21/19</p> <p style="text-align: center;"></p>



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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/> §11-100.1-23 Physical environment. (h) The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.  <b><u>FINDINGS</u></b> Broken glass in frame with fire escape plan in dining area.	<p style="text-align: center;"><b>PART 1</b></p> <p style="text-align: center;"><b><u>DID YOU CORRECT THE DEFICIENCY?</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</b></p> <p style="text-align: center;">Maintenance Request faxed immediately on 5/21/19 to fix the broken glass frame. Frame has been replaced.</p>	<p style="text-align: center;">5/21/19</p> <p style="text-align: center;"></p>

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<input checked="" type="checkbox"/> §11-100.1-55 <u>Nutrition and food sanitation.</u> (1) In addition to the requirements in section 11-100.1-13 the following shall apply to all Type II ARCHs:  A registered dietitian shall be utilized to assist in the planning of menus, and provide nutritional assessments for those residents identified to be at nutritional risk or on special diets. All consultations shall be documented;  <b><u>FINDINGS</u></b> Resident #2 – No documentation that the Consultant Registered Dietitian was utilized to provide nutritional assessment for resident on low potassium diet (ordered 4/24/19).	<p style="text-align: center;"><b>PART 2</b> <b><u>FUTURE PLAN</u></b></p> <p style="text-align: center;"><b>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</b></p> <p>Re-educated the house nurses to notify the DONs for any special diets ordered by the physician. The DONs will notify the Consultant Registered Dietitian to provide nutritional assessment. DONs to monitor any dietary changes during visits to the houses (at least weekly) by checking the Resident Diet List and checking the chart to confirm that the resident was seen for current/new diet order by the Consultant Registered Dietitian.</p>	5/21/19 and ongoing.  

Licensee's/Administrator's Signature:



Print Name:

Abby Parullo

Date:

8/29/19

Licensee's/Administrator's Signature:



Print Name:

Abby Parullo

Date:

7/18/19